MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

08861 #66

Reg. Dist. No. 51

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Calvert

City or town: Prince Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Calvert

City or town: Prince Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: WW

3.(a) FULL NAME: Wilson Elliott

3.(b) Social Security Number: 20

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Lily V. Elliott

6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): May 5 1875

8. AGE:

Years	Months	Days	If less than one day
71	4	0	....hrs. ....min.

9. Birthplace: Calvert Co. Md
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business: Nursing

FATHER
12. Name: Boston Elliott
13. Birthplace: Calv. Co. Md.

MOTHER
14. Maiden name: Annie
15. Birthplace: Calv Co. Md.

16. Informant: H M Elliott

Address: Prince Frederick

17. Burial (Burial, cremation, or removal—which?) Date thereof Sept 18 1946 (month) (day) (year)

Cemetery or crematory: Broome Island

Location: Broome Island, Md

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md.

19. 9-17 1946 (Date rec'd by registrar) W. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 15 1946, at 6:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4th 1945, to Sept 15 1946, and that I last saw h.wm alive on Sept 15 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	July 1 1946
Due to: Hypertension	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ....Date of op.....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Prince Frederick Date signed: 9/16/46

23

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

18862

★ Reg. Dist. No. 52

1. PLACE OF DEATH:

County: Calvert

City or town: Huntingtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Calvert

City or town: Huntingtown Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Cora Helen Gibson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widowed

6.(b) Name of husband or wife: Julius Gibson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 17 Sept 1866

8. AGE:

Years	Months	Days	If less than one day
79	11	10	..... hrs. ..... min.

9. Birthplace: Huntingtown (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER — 12. Name: Samuel Tuttle

FATHER — 13. Birthplace: Md

MOTHER — 14. Maiden name: Barbara Truett

MOTHER — 15. Birthplace: Md

16. Informant: Lloyd B. Gibson

Address: Huntingtown

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 9-46 (month) (day) (year)

Cemetery or crematory: Miranda Memorial

Location: Huntingtown Md

18. Funeral director: W. H. Hutchins

Address: Owings

19. Sept. 8 1946 (Date rec'd by registrar) Elsie M. Cox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7 Sept. 1946, at 2 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Jan. 1946 to 7 Sept 1946 and that I last saw her alive on 2 Sept 1946

Immediate cause of death	DURATION
Carcinoma of L. breast	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Huntingtown Date signed 7 Sept 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

#68

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

08863

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Calvert
City or town Prince Frederick, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Calvert County Hospital
How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert
City or town Solomons
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3.(a) FULL NAME Rosa Mabel Glover

3.(b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife John W. Glover
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 24, 1875

8. AGE:

Years	Months	Days	If less than one day
71	4	0	..... hrs. ..... min.

9. Birthplace St. Mary's Co., Md
(Town, county, and state)
10. Usual occupation Home
11. Industry or business

FATHER
12. Name Benj. F. McKay
13. Birthplace Md.

MOTHER
14. Maiden name Rebecca Pembroke
15. Birthplace Md

16. Informant Grace Green
Address Odenton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 26, 1946 (month) (day) (year)
Cemetery or crematory St. Mary's Trinity Cemetery
Location Saint Mary's City

18. Funeral director A. A. Harkness & Son,
Address Mutual, Md.

19. 9-28-1946 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24, 1946, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 21 1946 to Sept 24 1946 and that I last saw h alive on Sept 23 1946

Immediate cause of death	DURATION
(a) Uremia	
Due to (b) Cardiac Failure	
Due to (c) Hypertensive C.V. Disease	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Prince Frederick Date signed 9/29/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08864 69

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Hospital (Calvert Co.)
City or town: Prince Frederick md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md County: calvert
City or town: Willows
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Samuel Harris.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m.	C	X

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): sept, 2, 1883

8. AGE: Years	Months	Days	If less than one day
63			..... hrs. ..... min.

9. Birthplace: md (Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business
FATHER 12. Name: Jacob Harris
13. Birthplace: md.
MOTHER 14. Maiden name: Sarah Freeman.
15. Birthplace: md.
16. Informant: Pearl Mansell
Address: Willows.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof 10-1-46 (month) (day) (year)
Cemetery or crematory: St Edmonds.
Location: Calvert.
18. Funeral director: P. E. Sewell.
Address: Prince Frederick Md
19. 9-30 19 46 (Date rec'd by registrar) W. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-28, 19 46, at 11-PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Senecil Anaseres	
Due to Cardiac Decompensation	6 month
Due to Chronic Pneumonia	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Ralph Jett M. D. or other
Address: Prince Frederick Date signed 9/30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

F

Evidence for addition of place of death is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1)

67

08865

FILM No. I 07 OCT 8 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
County Hospital - Calvert
City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Calvert
City or town Paris
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME James H. Henson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C.	X

6.(b) Name of husband or wife Rosa Henson
6.(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Feb. 1892.

8. AGE: Years	Months	Days	If less than one day
54			hrs. min.

9. Birthplace Md (Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business
FATHER 12. Name Jacob Henson.
13. Birthplace Plum Point, Md.
MOTHER 14. Maiden name Cornelia Brown
15. Birthplace Md Rosa
18. Informant Cornelia Henson
Address Paris Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9-21-46 (month) (day) (year)
Cemetery or crematory St Edmonds.
Location Calvert.
18. Funeral director P.E. Sewell
Address Prince Frederick Md
19. 9-23 1946 (Date rec'd by registrar) H W Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18, 1946, at 5:30 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-2 1939, to 18 Sept 1946, and that I last saw h. alive on 18 Sept 1946

Immediate cause of death	DURATION
Diabetes mellitus	
Due to	
Due to	
Other conditions Gangrene Foot	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H Henson M. D. or other
Address Huntingtown Md Date signed 10-28-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

C8866 #65

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Island Creek
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: D.C. County:
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Germania Orphan Asylum
(If rural, give LOCATION)
2.(a) If veteran, name war: Good Hope Road

3. (a) FULL NAME: Richard C. Heinz Hintze

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 3, 1931

8. AGE: Years: 15 Months: 7 Days: 5 If less than one day: hrs. min.

8. Birthplace: Washington, D.C. (Town, county, and state)

10. Usual occupation: Student

11. Industry or business

FATHER
12. Name: William Hintze
13. Birthplace: Germany

MOTHER
14. Maiden name: Margaret Thrun
15. Birthplace: Germany

16. Informant: German Orphan Home
Address: 2300 Good Hope Rd. S.E. Washington D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 13, 1946 (month) (day) (year)
Cemetery or crematory: Fort Lincoln Cedar Hill
Location: Wash. D.C.

18. Funeral director: A. A. Workman & Son
Address: Mutual, Md

19. 9-11-46 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-8 1946 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Drowning	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: 9-8-46
Where did injury occur? Battle Creek (City or town) Calvert (County) Md (State)
Patuxent River
Injured at home, farm, industry, public place (where?)
Means of injury: Drowning Injured at work? No

23. SIGNATURE: H Hintze M. D. or other
Address: Owings Md Date signed: 9/11/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

18867 70

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Solomons Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mos.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: Nina Stinnett

3.(b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	M

6.(b) Name of husband or wife: Ray Stinnett
6.(c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): Dec. 12, 1913

8. AGE: Years	Months	Days	If less than one day
32	9	18	..... hrs. ..... min.

9. Birthplace: Calvert Co., Md (Town, county, and state)
10. Usual occupation: Home
11. Industry or business
FATHER 12. Name: Joseph Stallings
13. Birthplace: Calvert Co., Md
MOTHER 14. Maiden name: Elsie Stinnett
15. Birthplace: Calvert Co., Md
16. Informant: George Stinnett
Address: Adelina, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 3, 1946 (month) (day) (year)
Cemetery or crematory: St. Paul's Cemetery
Location: Prince Frederick, Md
18. Funeral director: A. C. Hutchins & Son
Address: Mutual, Md
19. 10-1- 1946 (Date rec'd by registrar) Hugh Wark, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 30 Sept 1946, at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 Sept 1946, to 30 Sept 1946
and that I last saw h[illegible] alive on 30 Sept 1946

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to: Hypertension	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: R. Dorsey M.D.
M. D. or other
Address: Prince Frederick Md Date signed: 30 Sept 46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-2

CERTIFICATE OF DEATH

18868

Reg. Dist. No. 50

1. PLACE OF DEATH:
County Calvert
City or town Solomons (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md County Calvert
City or town Solomons (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME William Thomas
3. (b) Social Security Number No

4. Sex M
5. Color or race W
6.(a) Single, married, widowed, or divorced W
6.(b) Name of husband or wife Mary F. Thomas
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) June 4, 1868
8. AGE: Years 78 Months 3 Days 3 If less than one day ... hrs. ... min.
9. Birthplace Calvert County, Md (Town, county, and state)
10. Usual occupation Oysterman
11. Industry or business
FATHER 12. Name Isiah Thomas
13. Birthplace Md
MOTHER 14. Maiden name Sarah Jane Johnson
15. Birthplace Md
16. Informant George Carey
Address Solomons, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 10, 1946 (month) (day) (year)
Cemetery or crematory Olivet
Location Olivet, Md.
18. Funeral director A. A. Harkness & Son
Address Mutual, Md.
19. 9/9 19 46 (Date rec'd by registrar) D. E. S. Coster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7, 1946, at 8:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death Terminal Bronchial Pneumonia — DURATION
Due to Metastic Pulmonary Sarcoma — 1945
Due to Lymphosarcoma of Inguinal Glands
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE [illegible] M. D. or other
Address [illegible] Date signed